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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 10/200,589 07/23/2002 PAT 6,730,669  
 which is a CON of 09/836,443 04/18/2001 PAT 6,458,785  
 which is a CON of 09/451,920 12/01/1999 PAT 6,310,080  
 which is a CON of 09/080,928 05/19/1998 PAT 6,140,505  
 which is a CIP of 08/474,052 06/07/1995 PAT 5,756,533  
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 which is a CIP of 08/391,873 02/22/1995 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 04/22/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MO	SHEETS DRAWING 0	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Kamal Saad</i> Initials <i>KS</i>				

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TITLE  
 Amino acid hydroxyethylamino sulfonamide retroviral protease inhibitors

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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